

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000017446**

1. Corporation Name

**ELITE ENTERPRISES GROUP, CORP.**

Principal Place of Business

2666 S.W. 183RD AVE.  
MIRAMAR FL 33029  
US

Mailing Address

P.O. BOX 823205  
SOUTH FLORIDA FL 33082  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

03/02/1995

5. FEI Number

65-0563240

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	GONZALEZ, ADRIANA M	2666 SW 183RD AVE	MIRAMAR FL 33029
VD	DETURRADO, LUCIA J.	2666 S.W. 183RD AVE.	MIRAMAR FL
VP	GONZALEZ, RICHARD	2666 S.W. 183 AVE.	MIRAMAR FL
TD	PAEZ, MARIA	2666 S.W. 183RD AVE.	MIRAMAR FL
SD	COLORADO, JESUS	2666 S.W. 183 AVE.	MIRAMAR FL 33029
D	JARAVA, ROSARIDEL C	2666 S.W. 183 AVE.	MIRAMAR FL

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

GONZALEZ, ADRIANA M  
2666 S.W. 183RD AVE.  
MIRAMAR FL 33029

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

**SIGNATURE REQUIRED**

REGISTERED AGENT MUST SIGN

Date

10/17/00

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/17/00 (954) 450-3993

Daytime Phone #

**KE**

**REINSTATEMENT**

**CO**



FILED

00 OCT 19 AM 11: 27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CR2E040 (8/00)